## VIRGINIA DEPARTMENT OF HEALTH

## Division of Immunization

Phone: (804) 786-6246

## EDUCATIONAL MATERIALS ORDER FORM

## PLEASE ORDER IN MULTIPLES OF 5

| Pamphlet   | Quantity | Pamphlet  | Quantity |
|--|----------|---|----------|
| Give Your Child A Shot At Good Health (English) (IM-CB-01)       |          | Give Your Child A Shot At Good Health (Spanish) (IM-CB-01S)           |          |
| Shots For Tots (English) (IM-CB-02)                              |          | Shots For Tots (Spanish) (IM-CB-02S)                                  |          |
| My Book About Shots (Tracker Coloring Book) (English) (IM-CB-03) |          | My Book About Shots (Tracker Coloring Book) (Spanish) (IM-CB-03S)     |          |
| About Hepatitis B (English) (IM-CB-04)                           |          | About Hepatitis B (Spanish) (IM-CB-04S)                               |          |
| Protect Your Baby with<br>Hepatitis B Shots (IM-CDC-01)          |          | Hepatitis B & You Pregnant? Protect your baby and yourself (IM-CB-05) |          |
| Hey, KIDS!<br>Tracker Says: (IM-CB-06)                           |          | Hey, KIDS!<br>Tracker Says: (Spanish) (IM-CB-06S)                     |          |
| Older Adults Need Shots (IM-CB-07)                               |          | The Flu and You (IM-CB-08)  |          |
| Why Adults Need "Shots" (IM-CB-09)                               |          | Stay on Track ( <i>Tracker Poster</i> ) (IM-CB-10)                    |          |
| Vaccine SafetyWhat Every Parent<br>Should Know (IM-CB-11)        |          | Why Older Children Need Shots (IM-CB-12)                              |          |

| Order to be mailed to:   |  |
|--------------------------|--|
| Name:                    |  |
| Facility:                |  |
| Address:                 |  |
|                          |  |
| Phone:                   |  |
| Please mail (or fax) to: |  |

Virginia Department of Health Division of Immunization P. O. Box 2448 - Room 120 Richmond, Virginia 23218

Fax: (804) 786-0396

NOTE: This section for Division of Immunization ONLY

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| Date Order Received / / | Date Order Mailed / /                 |
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